



January 26, 2018

HOUSE BILL No. 1007

DIGEST OF HB 1007 (Updated January 24, 2018 8:37 pm - DI 77)

Citations Affected: IC 12-15; IC 12-23; IC 25-23.6; IC 27-8; IC 27-13; IC 31-9; noncode.

Synopsis: Expanding mental health access. Requires the office of Medicaid policy and planning to implement a centralized credentials verification organization and credentialing process. Allows the division of mental health and addiction to grant approval for nine additional opioid treatment programs that: (1) are operated by a hospital; and (2) meet other specified requirements; if the division determines that there is a need for the program in the proposed location. Makes an exemption for an individual employed by a community mental health center to the requirement that an individual obtaining clinical social work experience be licensed as a social worker. Provides that mental health and addiction forensic treatment services may be administered or coordinated only by a provider certified by the division of mental health and addiction or licensed by the Indiana professional licensing agency to provide mental health and addiction treatment. (Under current law, a provider may provide services only if the provider is certified or licensed by the division of mental health and addiction.) Provides for temporary permits to certain individuals who are pursuing required clinical supervisory hours needed for licensure. Provides that
(Continued next page)

Effective: Upon passage; July 1, 2018.

**Kirchhofer, Ziemke, Davisson,
Shackleford**

January 8, 2018, read first time and referred to Committee on Public Health.
January 25, 2018, amended, reported — Do Pass.

HB 1007—LS 7008/DI 104



Digest Continued

the temporary permits are not renewable. Requires certain policies of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment provided by an addiction counselor. Requires: (1) an accident and sickness insurer; and (2) a health maintenance organization; to provide provisional credentialing to a provider for which a credentialing determination is not completed in at least 30 days if certain requirements are met. Urges the legislative council to assign to an appropriate interim study committee the task of studying the impact that opioid treatment programs have on the neighborhoods and communities in the immediate area of the opioid treatment programs.

HB 1007—LS 7008/DI 104



January 26, 2018

Second Regular Session of the 120th General Assembly (2018)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2017 Regular Session of the General Assembly.

HOUSE BILL No. 1007

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-11-2 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. A provider desiring
3 to participate in the Medicaid program by providing to individuals
4 eligible for Medicaid services ~~other than physician services provided~~
5 ~~by a managed care provider~~, shall file a provider agreement with the
6 office on forms provided by the office.

7 SECTION 2. IC 12-15-11-5 IS AMENDED TO READ AS
8 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5. **(a)** A provider who
9 participates in the Medicaid program must comply with the enrollment
10 requirements that are established under rules adopted under IC 4-22-2
11 by the secretary.

12 **(b) A provider who participates in the Medicaid program may**
13 **be required to use the centralized credentials verification**
14 **organization established in section 9 of this chapter.**

15 SECTION 3. IC 12-15-11-9 IS ADDED TO THE INDIANA CODE
16 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
17 1, 2018]: Sec. 9. **(a) The office shall implement a centralized**

HB 1007—LS 7008/DI 104



1 credentials verification organization and credentialing process
2 that:

3 (1) uses a common application, as determined by provider
4 type;

5 (2) issues a single credentialing decision applicable to all
6 Medicaid programs, except as determined by the office;

7 (3) recredentials and revalidates provider information not less
8 than once every three (3) years;

9 (4) requires attestation of enrollment and credentialing
10 information every six (6) months; and

11 (5) is certificated or accredited by the National Committee for
12 Quality Assurance or its successor organization.

13 (b) A managed care organization or contractor of the office may
14 not require additional credentialing requirements in order to
15 participate in a managed care organization's network. However, a
16 contractor may collect additional information from the provider
17 in order to complete a contract or provider agreement.

18 (c) A managed care organization or contractor of the office is
19 not required to contract with a provider.

20 (d) A managed care organization or contractor of the office
21 shall:

22 (1) send representatives to meetings and participate in the
23 credentialing process as determined by the office; and

24 (2) not require additional credentialing information from a
25 provider if a non-network credentialed provider is used.

26 (e) Except when a provider is no longer enrolled with the office,
27 a credential acquired under this chapter is valid until
28 recredentialing is required.

29 (f) An adverse action under this section is subject to IC 4-21.5.

30 (g) The office may adopt rules under IC 4-22-2 to implement
31 this section.

32 (h) The office may adopt emergency rules to implement this
33 section. However, an emergency rule adopted under this section
34 expires the earlier of:

35 (1) one (1) year after the rule was accepted for filing under
36 IC 4-22-2-37.1(e); or

37 (2) June 30, 2019.

38 This subsection expires July 1, 2019.

39 (i) The office shall report the timeliness of determinations made
40 under this section to the legislative council in an electronic format
41 under IC 5-14-6 not later than December 31, 2018. This subsection
42 expires January 1, 2019.



1 SECTION 4. IC 12-15-22-1 IS AMENDED TO READ AS
 2 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. If after investigation
 3 the office determines that a provider has violated a Medicaid statute or
 4 rule adopted under a Medicaid statute, the office may impose at least
 5 one (1) of the following sanctions:

6 (1) Denial of payment to the provider for Medicaid services
 7 provided during a specified time.

8 (2) Rejection of a prospective provider's application for
 9 participation in the Medicaid program.

10 (3) Termination of a provider agreement permitting a provider's
 11 participation in the Medicaid program.

12 (4) Assessment of a civil penalty against the provider in an
 13 amount not to exceed three (3) times the amount paid to the
 14 provider in excess of the amount that was legally due.

15 (5) Assessment of an interest charge, at a rate not to exceed the
 16 rate established by IC 24-4.6-1-101(2) for judgments on money,
 17 on the amount paid to the provider in excess of the amount that
 18 was legally due. The interest charge accrues from the date of the
 19 overpayment to the provider.

20 **(6) Exclusion from the Medicaid program for a period of time**
 21 **consistent with 42 U.S.C. 1320a-7 et seq.**

22 SECTION 5. IC 12-23-18-5.5, AS AMENDED BY P.L.209-2015,
 23 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2018]: Sec. 5.5. (a) The division may not grant specific
 25 approval to be a new opioid treatment program. This section does not
 26 apply to applications for new opioid treatment programs:

27 (1) pending prior to March 1, 2007; or

28 (2) that are operated by a hospital licensed under IC 16-21, an
 29 institution licensed under IC 12-25, or a certified community
 30 mental health center:

31 (A) within the licensed hospital, institution, or center; or

32 (B) in a separate office that meets federal opioid treatment
 33 program requirements;
 34 and that meets the requirements of this section.

35 (b) A hospital licensed under IC 16-21, an institution licensed under
 36 IC 12-25, or a certified community mental health center may apply to
 37 the division to operate an opioid treatment program. Upon approval,
 38 the hospital, institution, or community mental health center may
 39 operate an opioid treatment program in compliance with this chapter
 40 and federal law.

41 (c) Before June 30, 2018, the division may approve the operation of
 42 not more than five (5) additional opioid treatment programs described



in subsection (a)(2) only if the division determines as described in subsection ~~(e)~~ **(f)** that there is a need for a new opioid treatment program in the proposed location and the requirements of this chapter are met.

(d) Beginning July 1, 2018, the division may approve the operation of not more than nine (9) additional opioid treatment programs described in subsection (a)(2) only if the division determines as described in subsection (f) that there is a need for a new opioid treatment program in the proposed location and the requirements of this chapter are met.

~~(d)~~ **(e)** Not later than June 30, 2018, the division shall report to the general assembly in an electronic format under IC 5-14-6 concerning whether any new opioid treatment programs have been approved under subsection (c). The report must include the following:

- (1) The impact on access to opioid treatment programs.
- (2) The number of individuals served in the opioid treatment programs approved under subsection (c).
- (3) Treatment outcomes for individuals receiving services in the opioid treatment programs approved under subsection (c).
- (4) Any recommendations the division has concerning future treatment programs.

~~(e)~~ **(f)** The division shall adopt rules under IC 4-22-2 setting forth the manner in which the division will determine whether there is a need for a new opioid treatment program in a proposed program location's geographic area.

SECTION 6. IC 12-23-19-3, AS AMENDED BY P.L.203-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 3. Except as provided in IC 12-23-19.5, mental health and addiction forensic treatment services may be administered or coordinated only by a provider certified ~~or licensed~~ by the division of mental health and addiction **or licensed by the Indiana professional licensing agency to provide mental health and addiction treatment services.**

SECTION 7. IC 25-23.6-5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 11. (a) The board may issue a temporary permit to an individual to profess to be a social worker or clinical social worker if the individual pays a fee and the individual:

- (1) has a valid license or certificate to practice from another state and the individual has passed an examination substantially equivalent to the level for which licensure is being requested;
- (2) is practicing in a state that does not license or certify social



workers or clinical social workers, but is certified by a national association approved by the board and the individual has applied for a license from the board; or

(3) has been approved by the board to take the examination and has graduated from a school or program approved by the board and the individual has completed any experience requirement.

(b) **Except as provided in subsection (e)**, a temporary permit expires the earlier of:

(1) the date the individual holding the permit is issued a license under this article;

(2) the date the board disapproves the individual's license application; or

(3) one hundred eighty (180) days after the initial permit is issued.

(c) The board may renew a temporary permit if the individual holding the permit was scheduled to take the next examination and the individual:

(1) did not take the examination; and

(2) shows good cause for not taking the examination.

(d) A permit renewed under subsection (c) expires on the date the individual holding the permit receives the results from the next examination given after the permit was issued, and may not be extended if the applicant has failed the examination.

(e) The board shall issue a temporary permit to practice social work to an individual who:

(1) meets the educational requirements for a license as a social worker; and

(2) pays a fee for the temporary permit set by the board.

A temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed social worker. The temporary permit may not be renewed.

SECTION 8. IC 25-23.6-8-1.5, AS ADDED BY P.L.134-2008, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as a marriage and family therapist associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in marriage and family therapy, or in a related area as determined by the board from an institution of higher education that meets the



requirements under section 2.1(a)(1) of this chapter or from a foreign school that has a program of study that meets the requirements under section 2.1(a)(2) or 2.1(a)(3) of this chapter; and

(B) completed the educational requirements under section 2.5 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a marriage and family therapist associate without endangering the public.

(4) Pay the fee established by the board.

(5) Pass an examination provided by the board.

(b) The board shall issue an associate temporary permit to practice marriage and family therapy to an individual who:

(1) meets the educational requirements for a license as a marriage and family therapist;

(2) is pursuing the required clinical supervisory hours for a license as a marriage and family therapist; and

(3) pays a fee for the temporary permit set by the board.

An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed marriage and family therapist. The temporary permit may not be renewed.

SECTION 9. IC 25-23.6-8.5-1.5, AS ADDED BY P.L.84-2010, SECTION 59, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as a mental health counselor associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in mental health counseling therapy or in a related area as determined by the board from an institution of higher education that meets the requirements under section 2 of this chapter or from a foreign school that has a program of study that meets the requirements under section 2(3)(A) or 2(3)(B) of this chapter; and

(B) completed the educational requirements under section 3 of



- 1 this chapter.
- 2 (2) Furnish satisfactory evidence to the board that the individual
- 3 does not have a conviction for a crime that has a direct bearing on
- 4 the individual's ability to practice competently.
- 5 (3) Furnish satisfactory evidence to the board that the individual
- 6 has not been the subject of a disciplinary action by a licensing or
- 7 certification agency of another state or jurisdiction on the grounds
- 8 that the individual was not able to practice as a mental health
- 9 counselor associate without endangering the public.
- 10 (4) Pay the fee established by the board.
- 11 (5) Pass an examination provided by the board.
- 12 **(b) The board shall issue an associate temporary permit to**
- 13 **practice mental health counseling to an individual who:**
- 14 **(1) meets the educational requirements for a license as a**
- 15 **mental health counselor;**
- 16 **(2) is pursuing the required clinical supervisory hours for a**
- 17 **license as a mental health counselor; and**
- 18 **(3) pays a fee for the temporary permit set by the board.**
- 19 **An associate temporary permit issued under this subsection expires**
- 20 **one (1) year after the date the permit is issued, without regard to**
- 21 **the number of times the individual passes or fails the required**
- 22 **examination to become a licensed mental health counselor. The**
- 23 **temporary permit may not be renewed.**
- 24 SECTION 10. IC 25-23.6-10.5-1.5, AS ADDED BY P.L.225-2017,
- 25 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 26 JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as
- 27 an addiction counselor associate must meet the following requirements:
- 28 (1) Furnish satisfactory evidence to the board that the individual
- 29 has:
- 30 (A) received a baccalaureate or higher degree in addiction
- 31 counseling, or in a related area as determined by the board
- 32 from:
- 33 (i) an eligible postsecondary educational institution that
- 34 meets the requirement under section 3(1) of this chapter; or
- 35 (ii) a foreign school that has a program of study that meets
- 36 the requirement under section 3(2) or 3(3) of this chapter;
- 37 and
- 38 (B) completed the educational requirements under section 5 of
- 39 this chapter.
- 40 (2) Furnish satisfactory evidence to the board that the individual
- 41 does not have a:
- 42 (A) conviction for a crime of violence (as defined in



IC 35-50-1-2(a)(1) through IC 35-50-1-2(a)(18)); or

(B) conviction in the previous two (2) years that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as an addiction counselor associate without endangering the public.

(4) Pass an examination established by the board.

(5) Pay the fee established by the board.

(b) The board shall issue an associate temporary permit to practice addiction counseling or clinical addiction counseling to an individual who:

(1) meets the educational requirements for a license as an addiction counselor or clinical addiction counselor;

(2) is pursuing the required clinical supervisory hours for a license as an addiction counselor or clinical addiction counselor; and

(3) pays a fee for the temporary permit set by the board.

An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed addiction counselor or clinical addiction counselor. The temporary permit may not be renewed.

SECTION 11. IC 27-8-6-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. (a) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1.

(b) A policy of accident and sickness insurance that provides coverage for substance abuse or chemical dependency treatment shall provide the coverage for substance abuse or chemical dependency treatment that is:

(1) rendered by:

(A) an addiction counselor; or

(B) a clinical addiction counselor;

who is licensed under IC 25-23.6-10.5; and

(2) within the scope of practice of the addiction counselor or clinical addiction counselor.

(c) This section does not require a policy of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment generally.

SECTION 12. IC 27-8-11-7, AS ADDED BY P.L.26-2005,



SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. (a) This section applies to an insurer that issues or administers a policy that provides coverage for basic health care services (as defined in IC 27-13-1-4).

(b) The department of insurance shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which must be used by:

- (1) a provider who applies for credentialing by an insurer; and
- (2) an insurer that performs credentialing activities.

(c) An insurer shall notify a provider concerning a deficiency on a completed credentialing application form submitted by the provider not later than thirty (30) business days after the insurer receives the completed credentialing application form.

(d) An insurer shall notify a provider concerning the status of the provider's completed credentialing application not later than:

- (1) sixty (60) days after the insurer receives the completed credentialing application form; and
- (2) every thirty (30) days after the notice is provided under subdivision (1), until the insurer makes a final credentialing determination concerning the provider.

(e) Notwithstanding subsection (d), if an insurer fails to issue a credentialing determination within thirty (30) days after receiving a completed credentialing application form from a provider, the insurer shall provisionally credential the provider if the provider meets the following criteria:

- (1) The provider has submitted a completed and signed credentialing application form and any required supporting material to the insurer.**
- (2) The provider was previously credentialed by the insurer in Indiana and in the same scope of practice for which the provider has applied for provisional credentialing.**
- (3) The provider is a member of a provider group that is credentialed and a participating provider with the insurer.**
- (4) The provider is a network provider with the insurer.**

(f) The criteria for issuing provisional credentialing under subsection (e) may not be less stringent than the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance or its successor organization.

(g) Once an insurer fully credentials a provider that holds provisional credentialing, reimbursement payments under the contract shall be retroactive to the date of the provisional credentialing. The insurer shall reimburse the provider at the rates



1 determined by the contract between the provider and the insurer.

2 (h) If an insurer does not fully credential a provider that is
3 provisionally credentialed under subsection (e), the provisional
4 credentialing is terminated on the date the insurer notifies the
5 provider of the adverse credentialing determination. The insurer
6 is not required to reimburse for services rendered while the
7 provider was provisionally credentialed.

8 SECTION 13. IC 27-13-43-3 IS ADDED TO THE INDIANA
9 CODE AS A NEW SECTION TO READ AS FOLLOWS
10 [EFFECTIVE JULY 1, 2018]: Sec. 3. (a) Notwithstanding section 2
11 of this chapter, if a health maintenance organization fails to issue
12 a credentialing determination within thirty (30) days after
13 receiving a completed credentialing application form from a
14 provider, the health maintenance organization shall provisionally
15 credential the provider if the provider meets the following criteria:

16 (1) The provider has submitted a completed and signed
17 credentialing application form and any required supporting
18 material to the health maintenance organization.

19 (2) The provider was previously credentialed by the health
20 maintenance organization in Indiana and in the same scope of
21 practice for which the provider has applied for provisional
22 credentialing.

23 (3) The provider is a member of a provider group that is
24 credentialed and a participating provider with the health
25 maintenance organization.

26 (4) The provider is a network provider with the health
27 maintenance organization.

28 (b) The criteria for issuing provisional credentialing under
29 subsection (a) may not be less stringent than the standards and
30 guidelines governing provisional credentialing from the National
31 Committee for Quality Assurance or its successor organization.

32 (c) Once a health maintenance organization fully credentials a
33 provider that holds provisional credentialing, reimbursement
34 payments under the contract shall be retroactive to the date of the
35 provisional credentialing. The health maintenance organization
36 shall reimburse the provider at the rates determined by the
37 contract between the provider and the health maintenance
38 organization.

39 (d) If a health maintenance organization does not fully
40 credential a provider that is provisionally credentialed under
41 subsection (a), the provisional credentialing is terminated on the
42 date the health maintenance organization notifies the provider of



1 **the adverse credentialing determination. The health maintenance**
 2 **organization is not required to reimburse for services rendered**
 3 **while the provider was provisionally credentialed.**

4 SECTION 14. IC 31-9-2-31, AS AMENDED BY P.L.162-2011,
 5 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2018]: Sec. 31. (a) "Custodian", for purposes of the juvenile
 7 law, means a person with whom a child resides.

8 (b) "Custodian", for purposes of IC 31-34-1, includes any person
 9 who is:

10 (1) a license applicant or licensee of:

11 (A) a foster home or residential child care facility that is
 12 required to be licensed or is licensed under IC 31-27;

13 (B) a child care center that is required to be licensed or is
 14 licensed under IC 12-17.2-4; or

15 (C) a child care home that is required to be licensed or is
 16 licensed under IC 12-17.2-5;

17 (2) a person who is responsible for care, supervision, or welfare
 18 of children while providing services as an owner, operator,
 19 director, manager, supervisor, employee, or volunteer at:

20 (A) a home, center, or facility described in subdivision (1);

21 (B) a child care ministry, as defined in IC 12-7-2-28.8, that is
 22 exempt from licensing requirements and is registered or
 23 required to be registered under IC 12-17.2-6;

24 (C) a home, center, or facility of a child care provider, as
 25 defined in ~~IC 12-7-2-149.1(4)~~; **IC 12-7-2-149.1(5)**;

26 (D) a home, center, or facility that is the location of a program
 27 that provides child care, as defined in section 16.3 of this
 28 chapter, to serve migrant children and that is exempt from
 29 licensing under IC 12-17.2-2-8(6), whether or not the program
 30 is certified as described in IC 12-17.2-2-9; or

31 (E) a school, as defined in section 113.5 of this chapter;

32 (3) a child caregiver, as defined in section 16.4 of this chapter;

33 (4) a member of the household of the child's noncustodial parent;
 34 or

35 (5) an individual who has or intends to have direct contact, on a
 36 regular and continuing basis, with a child for whom the individual
 37 provides care and supervision.

38 SECTION 15. [EFFECTIVE UPON PASSAGE] **(a) As used in this**
 39 **SECTION, "opioid treatment program" refers to a program:**

40 **(1) through which opioid agonist medication is dispensed to an**
 41 **individual in the treatment of opiate addiction and for which**
 42 **certification is required under 42 CFR Part 8; and**



1 **(2) that is subject to IC 12-23-18.**

2 **(b) The legislative council is urged to assign to an appropriate**
3 **interim study committee the task of studying the impact that opioid**
4 **treatment programs have on the neighborhoods and communities**
5 **in the immediate area of the opioid treatment programs. An**
6 **interim study committee assigned a study under this SECTION**
7 **shall do the following:**

8 **(1) Consider the effect on the neighborhoods and communities**
9 **in the immediate area that the opioid treatment programs**
10 **have on the following:**

11 **(A) Criminal activity, including violent crimes, property**
12 **crimes, and drug related crimes.**

13 **(B) Emergency medical services, including the number of**
14 **calls for assistance, runs provided, and cases of overdoses.**

15 **(C) The effect on the local economy, including the area**
16 **property values.**

17 **(D) The effect on the residents' quality of life, including**
18 **any additional traffic and excessive noises.**

19 **(E) Any other direct impacts that opioid treatment**
20 **programs have on the surrounding area.**

21 **(2) Study other states' and localities' best practices to monitor**
22 **and regulate opioid treatment programs to reduce negative**
23 **impacts to the neighborhoods and communities in the**
24 **immediate area of the opioid treatment programs.**

25 **(c) This SECTION expires January 1, 2019.**

26 **SECTION 16. An emergency is declared for this act.**



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1007, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 1 through 17.

Delete pages 2 through 3.

Page 4, delete lines 1 through 23, begin a new paragraph and insert:

"SECTION 1. IC 12-15-11-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. A provider desiring to participate in the Medicaid program by providing to individuals eligible for Medicaid services ~~other than physician services provided by a managed care provider~~, shall file a provider agreement with the office on forms provided by the office.

SECTION 2. IC 12-15-11-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 5. **(a)** A provider who participates in the Medicaid program must comply with the enrollment requirements that are established under rules adopted under IC 4-22-2 by the secretary.

(b) A provider who participates in the Medicaid program may be required to use the centralized credentials verification organization established in section 9 of this chapter.

SECTION 3. IC 12-15-11-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 9. **(a) The office shall implement a centralized credentials verification organization and credentialing process that:**

- (1) uses a common application, as determined by provider type;**
- (2) issues a single credentialing decision applicable to all Medicaid programs, except as determined by the office;**
- (3) recredentials and revalidates provider information not less than once every three (3) years;**
- (4) requires attestation of enrollment and credentialing information every six (6) months; and**
- (5) is certificated or accredited by the National Committee for Quality Assurance or its successor organization.**

(b) A managed care organization or contractor of the office may not require additional credentialing requirements in order to participate in a managed care organization's network. However, a contractor may collect additional information from the provider in order to complete a contract or provider agreement.



(c) A managed care organization or contractor of the office is not required to contract with a provider.

(d) A managed care organization or contractor of the office shall:

(1) send representatives to meetings and participate in the credentialing process as determined by the office; and

(2) not require additional credentialing information from a provider if a non-network credentialed provider is used.

(e) Except when a provider is no longer enrolled with the office, a credential acquired under this chapter is valid until recredentialing is required.

(f) An adverse action under this section is subject to IC 4-21.5.

(g) The office may adopt rules under IC 4-22-2 to implement this section.

(h) The office may adopt emergency rules to implement this section. However, an emergency rule adopted under this section expires the earlier of:

(1) one (1) year after the rule was accepted for filing under IC 4-22-2-37.1(e); or

(2) June 30, 2019.

This subsection expires July 1, 2019.

(i) The office shall report the timeliness of determinations made under this section to the legislative council in an electronic format under IC 5-14-6 not later than December 31, 2018. This subsection expires January 1, 2019.

SECTION 4. IC 12-15-22-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. If after investigation the office determines that a provider has violated a Medicaid statute or rule adopted under a Medicaid statute, the office may impose at least one (1) of the following sanctions:

(1) Denial of payment to the provider for Medicaid services provided during a specified time.

(2) Rejection of a prospective provider's application for participation in the Medicaid program.

(3) Termination of a provider agreement permitting a provider's participation in the Medicaid program.

(4) Assessment of a civil penalty against the provider in an amount not to exceed three (3) times the amount paid to the provider in excess of the amount that was legally due.

(5) Assessment of an interest charge, at a rate not to exceed the rate established by IC 24-4.6-1-101(2) for judgments on money, on the amount paid to the provider in excess of the amount that



was legally due. The interest charge accrues from the date of the overpayment to the provider.

(6) Exclusion from the Medicaid program for a period of time consistent with 42 U.S.C. 1320a-7 et seq."

Page 5, delete lines 28 through 42.

Page 6, delete lines 1 through 40, begin a new paragraph and insert:

"SECTION 9. IC 12-23-19-3, AS AMENDED BY P.L.203-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 3. Except as provided in IC 12-23-19.5, mental health and addiction forensic treatment services may be administered or coordinated only by a provider certified ~~or licensed~~ by the division of mental health and addiction **or licensed by the Indiana professional licensing agency to provide mental health and addiction treatment services.**

SECTION 10. IC 25-23.6-5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 11. (a) The board may issue a temporary permit to an individual to profess to be a social worker or clinical social worker if the individual pays a fee and the individual:

- (1) has a valid license or certificate to practice from another state and the individual has passed an examination substantially equivalent to the level for which licensure is being requested;
- (2) is practicing in a state that does not license or certify social workers or clinical social workers, but is certified by a national association approved by the board and the individual has applied for a license from the board; or
- (3) has been approved by the board to take the examination and has graduated from a school or program approved by the board and the individual has completed any experience requirement.

(b) **Except as provided in subsection (e)**, a temporary permit expires the earlier of:

- (1) the date the individual holding the permit is issued a license under this article;
- (2) the date the board disapproves the individual's license application; or
- (3) one hundred eighty (180) days after the initial permit is issued.

(c) The board may renew a temporary permit if the individual holding the permit was scheduled to take the next examination and the individual:

- (1) did not take the examination; and
 - (2) shows good cause for not taking the examination.
- (d) A permit renewed under subsection (c) expires on the date the



individual holding the permit receives the results from the next examination given after the permit was issued, and may not be extended if the applicant has failed the examination.

(e) The board shall issue a temporary permit to practice social work to an individual who:

(1) meets the educational requirements for a license as a social worker; and

(2) pays a fee for the temporary permit set by the board.

A temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed social worker. The temporary permit may not be renewed.

SECTION 11. IC 25-23.6-8-1.5, AS ADDED BY P.L.134-2008, SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as a marriage and family therapist associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in marriage and family therapy, or in a related area as determined by the board from an institution of higher education that meets the requirements under section 2.1(a)(1) of this chapter or from a foreign school that has a program of study that meets the requirements under section 2.1(a)(2) or 2.1(a)(3) of this chapter; and

(B) completed the educational requirements under section 2.5 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a marriage and family therapist associate without endangering the public.

(4) Pay the fee established by the board.

(5) Pass an examination provided by the board.

(b) The board shall issue an associate temporary permit to practice marriage and family therapy to an individual who:

(1) meets the educational requirements for a license as a



marriage and family therapist;

(2) is pursuing the required clinical supervisory hours for a license as a marriage and family therapist; and

(3) pays a fee for the temporary permit set by the board.

An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed marriage and family therapist. The temporary permit may not be renewed.

SECTION 12. IC 25-23.6-8.5-1.5, AS ADDED BY P.L.84-2010, SECTION 59, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as a mental health counselor associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a master's or doctor's degree in mental health counseling therapy or in a related area as determined by the board from an institution of higher education that meets the requirements under section 2 of this chapter or from a foreign school that has a program of study that meets the requirements under section 2(3)(A) or 2(3)(B) of this chapter; and

(B) completed the educational requirements under section 3 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a mental health counselor associate without endangering the public.

(4) Pay the fee established by the board.

(5) Pass an examination provided by the board.

(b) The board shall issue an associate temporary permit to practice mental health counseling to an individual who:

(1) meets the educational requirements for a license as a mental health counselor;

(2) is pursuing the required clinical supervisory hours for a license as a mental health counselor; and

(3) pays a fee for the temporary permit set by the board.

An associate temporary permit issued under this subsection expires



one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed mental health counselor. The temporary permit may not be renewed.

SECTION 13. IC 25-23.6-10.5-1.5, AS ADDED BY P.L.225-2017, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1.5. **(a)** An individual who applies for a license as an addiction counselor associate must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

(A) received a baccalaureate or higher degree in addiction counseling, or in a related area as determined by the board from:

- (i) an eligible postsecondary educational institution that meets the requirement under section 3(1) of this chapter; or
- (ii) a foreign school that has a program of study that meets the requirement under section 3(2) or 3(3) of this chapter; and

(B) completed the educational requirements under section 5 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a:

- (A) conviction for a crime of violence (as defined in IC 35-50-1-2(a)(1) through IC 35-50-1-2(a)(18)); or
- (B) conviction in the previous two (2) years that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as an addiction counselor associate without endangering the public.

(4) Pass an examination established by the board.

(5) Pay the fee established by the board.

(b) The board shall issue an associate temporary permit to practice addiction counseling or clinical addiction counseling to an individual who:

- (1) meets the educational requirements for a license as an addiction counselor or clinical addiction counselor;**
- (2) is pursuing the required clinical supervisory hours for a license as an addiction counselor or clinical addiction counselor; and**
- (3) pays a fee for the temporary permit set by the board.**



An associate temporary permit issued under this subsection expires one (1) year after the date the permit is issued, without regard to the number of times the individual passes or fails the required examination to become a licensed addiction counselor or clinical addiction counselor. The temporary permit may not be renewed."

Page 7, delete line 40.

Page 7, line 41, delete "meets" and insert **"insurer shall provisionally credential the provider if the provider meets"**.

Page 7, line 42, after "completed" insert **"and signed"**.

Page 8, line 1, after "form" insert **"and any required supporting material"**.

Page 8, line 2, delete "credentialed." and insert **"credentialed by the insurer in Indiana and in the same scope of practice for which the provider has applied for provisional credentialing."**

Page 8, delete lines 5 through 11, begin a new line block indented and insert:

"(4) The provider is a network provider with the insurer.

(f) The criteria for issuing provisional credentialing under subsection (e) may not be less stringent than the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance or its successor organization."

Page 8, line 12, delete "approves the credentialing application of" and insert **"fully credentials"**.

Page 8, line 15, delete "An insurer must make retroactive".

Page 8, delete lines 16 through 25 and insert **"The insurer shall reimburse the provider at the rates determined by the contract between the provider and the insurer.**

(h) If an insurer does not fully credential a provider that is provisionally credentialed under subsection (e), the provisional credentialing is terminated on the date the insurer notifies the provider of the adverse credentialing determination. The insurer is not required to reimburse for services rendered while the provider was provisionally credentialed."

Page 8, line 32, delete "the provider is deemed to be provisionally credentialed".

Page 8, line 33, delete "by".

Page 8, line 33, after "organization" insert **"shall provisionally credential the provider"**.

Page 8, line 35, after "completed" insert **"and signed"**.

Page 8, line 36, after "form" insert **"and any required supporting material"**.

Page 8, line 37, delete "credentialed." and insert **"credentialed by**



the health maintenance organization in Indiana and in the same scope of practice for which the provider has applied for provisional credentialing."

Page 8, delete lines 41 through 42.

Page 9, delete lines 1 through 6, begin a new line block indented and insert:

"(4) The provider is a network provider with the health maintenance organization.

(b) The criteria for issuing provisional credentialing under subsection (a) may not be less stringent than the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance or its successor organization."

Page 9, line 7, delete "approves the".

Page 9, line 8, delete "credentialing application of" and insert **"fully credentials"**.

Page 9, line 10, delete "A health".

Page 9, delete lines 11 through 22 and insert **"The health maintenance organization shall reimburse the provider at the rates determined by the contract between the provider and the health maintenance organization.**

(d) If a health maintenance organization does not fully credential a provider that is provisionally credentialed under subsection (a), the provisional credentialing is terminated on the date the health maintenance organization notifies the provider of the adverse credentialing determination. The health maintenance organization is not required to reimburse for services rendered while the provider was provisionally credentialed."

Page 10, after line 14, begin a new paragraph and insert:

"SECTION 20. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "opioid treatment program" refers to a program:

(1) through which opioid agonist medication is dispensed to an individual in the treatment of opiate addiction and for which certification is required under 42 CFR Part 8; and

(2) that is subject to IC 12-23-18.

(b) The legislative council is urged to assign to an appropriate interim study committee the task of studying the impact that opioid treatment programs have on the neighborhoods and communities in the immediate area of the opioid treatment programs. An interim study committee assigned a study under this SECTION shall do the following:

(1) Consider the effect on the neighborhoods and communities in the immediate area that the opioid treatment programs



have on the following:

- (A) Criminal activity, including violent crimes, property crimes, and drug related crimes.
 - (B) Emergency medical services, including the number of calls for assistance, runs provided, and cases of overdoses.
 - (C) The effect on the local economy, including the area property values.
 - (D) The effect on the residents' quality of life, including any additional traffic and excessive noises.
 - (E) Any other direct impacts that opioid treatment programs have on the surrounding area.
- (2) Study other states' and localities' best practices to monitor and regulate opioid treatment programs to reduce negative impacts to the neighborhoods and communities in the immediate area of the opioid treatment programs.
- (c) This SECTION expires January 1, 2019.
- SECTION 21. An emergency is declared for this act.".
- Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1007 as introduced.)

KIRCHHOFFER

Committee Vote: yeas 12, nays 0.

